

Positive Alternatives for Pregnancy and Parenting Grant Program

Solicitation Name Positive Alternatives for Pregnancy
 Solicitation Number DPH0000106

Date 28-Sep-16

Cost Proposal Worksheet*Section 5 - Cost Proposal*

Unless otherwise specified in the eRFQ or contract agreement, all pricing should be inclusive of all costs associated with providing the services outlined in the eRFQ (i.e., shipping, postage, etc.). Supplemental Cost Data is neither required nor desired.

OFFEROR INFORMATION

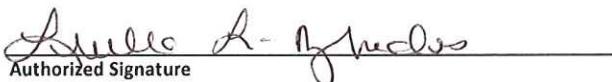
Company Name	Columbus Wellness Center Outreach	Contact Name	Luella L. Rhodes
Address	1220 Wildwood Avenue	Title	Program Director
Address 2		Phone Number	706-596-1171
City, State, Zip	Columbus, Georgia 31906	Email Address	cwcopp@bellsouth.net

BUDGET DETAIL SUMMARY

DESCRIPTION OF SERVICES		Unit of Measure	Cost per Unit	Number of Units	Total Annual Amount
1	Administrative Fee (Please provide a separate line item cost to show how the fee is distributed)	1	\$46,545.00	1	\$46,545.00
2	Salaries and Wages	1	246200.00	1	\$246,200.00
3	Office Supplies	1	\$2,400.00	1	\$2,400.00
4	Postage and Handling	1	\$780.00	1	\$780.00
5	Meeting Expenses	1	\$2,500.00	3	\$7,500.00
6	Travel	1	\$0.54	14400	\$7,776.00
7					\$0.00
8					\$0.00
9					\$0.00
10					\$0.00
11					\$0.00
12					\$0.00
13					\$0.00
14					\$0.00
Total Projected Annual Costs					\$311,201.00

* This total cost is the amount that should be entered as the bid in Team Georgia Marketplace/PeopleSoft

I attest the information contained in this Cost Proposal Worksheet is an accurate estimate of our organization's financial proposal for this bid event.


Authorized Signature

Luella Rhodes

Printed Name